UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should stated EXACTLY. properly classified. AGE should be

FOR BINDING

IARGIN RESERVED

V. S. No. 1

state Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. -WRITE PLAKLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 44114
1. PLACE OF DEATH	100
County 9 a Co	Registration Dist. No. 233
Village or City & Mr. Cudlurell	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
of 1. Lilling Och	10
2. FULL NAME Vacal January Cel	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Constitution of the constitu
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pelhur Gellen	22. I HEREBY CERTIFY. That I attended deceased from
E DATE OF BIRTH (most down Take 21 1883	I last saw have alive on Apple 1927; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.300m.
5-4 / 1.4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town) Phill (Dither Contributory Passes of Importances: Thus I Mensey of Importances:
(State or country) 13. NAME Aluelas	
716	
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au!opsy?
E 15. MAIDEN NAME Lasky	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Elle & Office William	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Local Community	Manner of injury
19. UNDERTAKER 2014 H- Good (Address) Clauses hill med	24. Wes disease or Injury in any way related to occupation of deceased?
20. FILED Offil 10, 1937 Fr M Stack	(Signed) A Miffeella M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as-fo	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ \frac{1}{2}	RECEIVED	1915	Attack of epilepsy .	1 week ago
Chronic interstitial nephrita		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 3 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	3		
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Data of onset

Local Registrar.

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Example I	ş jı	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerons	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU		· ·	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH County	Registration Dist. No 253
Village or City Vean Stevenswill	
Length of residence in city or town where death occurredyrs	nos,ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Preston la	ordley H U.S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR BEVORCED (write the word)	21. DATE OF DEATH QUEL 13 , 193 7 (Year)
5a. W married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wee 31 1936	I last saw h. 12 alive on
7. AGE Years Months Days If LESS than 1 day,hi	to have occurred on the date stated above, at
8. Trade, profession, or particular	were as follows: Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	I droughed premier
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1
O this occupation (month and spent in this	
year) occupation 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
Is Is. NAME Olevander 120 olev	
I	Name of operation
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Dadie Suetofoort.	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Codic Shetsfoot	Accident, suicide, or homicide? Date of injury, I9
17. INFORMANT Allanda 13 ordlay	Where dld injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ground Place Carville Villyfuld Date 11/2/14, 19.2	Manner of Injury
19. UNDERTAKER Of Thomas (Address) Stevensville Md.	24. Was disease or injury In any way related to occupation of deceased?
20. FILE apr 13, 1987 F. C. Thomas Registrar.	(Signed) Starters ville W. M. D. (Address) Starters ville W. M. D.
If more blanks are needed, address State Registr	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

ARGIN RESERVED FOR BINDING

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	Television 6
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH 4407
EATH	102-0
un (lune	Registration Dist. No. 254
Quelustawn	No. (outside) St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
in city or town where death occurredyrs,mos.	
Mary Styler Ryn	son
O. Julian place of abode)	St., Ward. If nonresident give city or town and State
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Upril 24, 1937
divorced	(Month) (Day) (Year)
unlant	22. I HEREBY CERTIFY. That, I Atended depeased from
mark 28, 1934 14 28	1 10 1 10 1 10 17 10 17 10 17.
, day (and year)	I last saw h
Months Days If LESS than I dey,hrs.	to have occurred on the date stated bove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Oate of onset
or particular ona, as SPINNER, KKEEPER, etc.	Noutro-Jenemana
ss in which as SILK MILL,	Contributory cause: Q common cold, 3-1-3
NK, etc	Cust-82 7
worked at II. Total tima (years) spant in this occupation	, , , , , ,
OM a read out of the	Other Contributory Causes of importance:
(wn) Ward states	
Intransis -	
Con Peace	No. of a subtraction
or town)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy? No
Clasouisa Hyusan	23. If death was due to external causes (VIOLENCE) fill in also the following:
Quelustame)	Accident, suicide, or homicide?
or town) Manifestall	Where did injury occur?
elling Hypsan	(Specify city or town, county and State) Specify whethar Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Wellistantes,	-,,,
OR REMOVALY MA. O 16	Manner of injury
meheal: Date Upr. 24,193/	Natura of injury
none '	24. Was disease or injury in eny way related to occupation of deceased?
	If so, specify
4,037 - Velen Mildudge	(Signed) Samuel frice M. D.
Force Registran	(Address) Mtellilloulle
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Mr. st			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
I saw this class last on april 7th, 1937,
Premusing han cleared out that date. 11 11
Thous Jalue states "Chilo belowe works 4/24/3;
and dell in a dew hours "
Jam Muce

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

County Freeze	eene	Registration Dist. No. 2	52
Village or City Cerches	(lif	No. St., death occurred in a hospital or institution, give its NAME instead of street as	nd number)
A		ds. How long in U.S. if of foreign birth?yrsyrs	_mosas
2. FULL NAME Aun		If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	l .
3. SEX Farrale 4. COLOR OR RACE Cal	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Africal - 24 (Month) (Day)	, 193.7 (yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Xate	in Jacobs	22. I HEREBY CERTIFY, That I ettend Definit 6. 1927, to Afril 24.	led deceased from
6. DATE OF BIRTH (month, day, and yeer)	out record	I lest saw h elive on Africa 2 0 ,193	; death Is sei
7. AGE Years Months World 65	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of once
8. Trada, profession, or perticular kind of work done, as STINNER, SAWYER, BOOKKEPER, etc.	nidwife	Carcinoma of Wernes.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tima (years) 30 %		
year) 12. BIRTHPLACE (city or town) Annea (State or country)	occupation	Other Contributary Causes of Importance:	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	rarch		
	Turch		
14. BIRTHPLACE (city or town)	ma:	Name of operation Deta o What test confirmed diagnosis? Was there	(
	All musch	23. If death was due to external causes (VIOLENCE) fill in also the follow	wing:
16. BIRTHPLACE (city or town)	mh.	Accident, suicide, or homicide? Dete of Injury Where dld injury occur?	, 19
17. INFORMANT Sadie Bow (Address)	erile not	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMAYAL Place Opentarials	Date Ofer 27, 1937	Menner of Injury	
19. UNDERTAKER asmis Jr. (Address) Erntonilla	Eddine	24. Wes diseasa or injury in any wey related to occupation of deceased? If so, specify	
20. FILED apr. 27., 1927. 17.la	mis & Bojght.	(Signed) Oarlietiese	mil.

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	Example II	1
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	-
May 1,1923	Gastroenteritis	1 year
		- 10
	1915 1921 July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

should state of OCCUPA. item of infor-PHYSICIANS IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. certificate. UNFADING INK-THIS See instructions on back of AGE should be CAUSE OF DEATH in plain terms, so that it may carefully supplied. TION is very important. mation shoul N. B.-WRITE PI

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Tues Cense	Registration Dist. No. 252
Village of City	No. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
1/4	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jahw G. Jester	If U. S. Veteran, specify WAR
(a) Residence: No./ as affire	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 4 13
Thate White Ibeland	(Month) (Day) (Year)
5a. If married, widowad, or divorced .	22. I HEREBY CERTIEY, Thet I attended deceased from
(or) WIFE of Sallie Villes.	1930 10 171. 13 19 3
6. DATE OF BIRTH (month, day, and yaer) Fefg. 14-1862	I has saw h aliva on A 19 37; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 2 P.m.
75 / 30 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or particular	Date of onset
Nind of work done, as SPINNER, Farmer	Varalys of Myt
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacasad last worked at this occupation (month and	Aide. Verline
SAW MILL, BANK, etc.	dering of the heart
year) occupation	Other Contributory Canoes of Importence:
12. BIRTHPLACE (city or town)	
(State or country)	Cura. Process
13. NAME Sauce Sile	
13. NAME Saucel Stee	Name of operation
(State of Country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Clinica Marris Jette 16. BIRTHPLACE (city or town)	23. If daath was dua to axtarnal causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?, 19, 19, 19
(State or country)	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Carre States	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Collitering MA	the second secon
Pleca Centreviere Date apr 16 1937	Menner of Injury
But Bu	Neture of Injury.
19. UNDERTAKER Sallow The (Address)	24. Wes disassa or rujury in any way related to occupation of daceasad?
(Addiess)	If so, specify
20, FILED Upt. 18, 1937 Manie D. Dright.	(Signed) M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Begistrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 19AV A 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
County County	Registration Dist. No. 252
Village or City DA. to Nome, (m)	St. Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Oceles Throw	ee .
(a) Residence: No. Ato State	St. Ward.
(Usual pilice of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY, That f attended deceased from
7	1927, to 1927, to 1937, double est
6. DATE OF BIRTH (month, day, and year)	10-1-1-1 dive dil 13 Sale
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
01min.	were as follows:
8. Trado, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
SAWYER, BOOKKEEPER, etc.	bling an
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this orequation (month end	acute attack engrapted upon
10. Date deceased last worked at 11. Total time (yeers)	- Irimany Cassei C. fromie naphartise
O this occupation (month end spent in this occupation	Gust R.
to BIRTURI ACT (silver forms)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	all him - Decement
13 NAME Don's Knows	
13. NAME 14. BIRTHPLACE (city or town)	Name of apprehing
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
I 15. MAIDEN NAME Don't Kuru	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	Where did injury occur?
relevent of the	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA HON, OR REMOVAL	Manner of injury
Place to Borna Date Upo 17 1937	Nature of Injury
Ine B ()	
19. UNDERTAKER 10 13	24. Was disease or injury in eny way related to occupation of deceased?
(Address)	If se, specify
20. FILED Upa 17, 19 37 Illamis D. Dright-	(Signed) M. [
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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M)	item o	shoul	of 00
S	RD. Every	IXSICIANS	statement
	RECO	7. PH	Exact
INDING	RMANENT	XACTLY	classified.
FOR B	IS A PE	stated E	properly
RGIN RESERVED FOR BINDING	FADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	lied. AGE should be stated EXACTLY. PHYSICIANS should state	ms, so that it may be properly classified. Exact statement of OCCUPA.
RGIN F	FADING	lied. A(ms, so th

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where teath occurred How long in U.S. if of foreign birth?_____yrs.____mos.____ds. 2. FULL NAME (a) Residence

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3,4	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Affect 16 193 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of	22. FIREBY CEBTIFY That attended deceased to the state of
6. 1	DATE OF BIRTH (month, day, and year)	I last say h alive on deeth is
7. /	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	1 day,hrs.	The PAINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
NOI	8. Trade, profession, or particular kind of work done, as SPINNER, & & & & & & & & & & & & & & & & & & &	Still to Boar Date of the
UPAT	9. Industry or business in which work was done, as SILK MILL, CACCO SAW MILL, BANK, etc.	
Ö	10. Date deceased last worked et this occupation (month and year)	
12.	BIRTHPLACE (city of the Cleuses, 14-cel	Other Contributory Causes of importance:
~	(State or county))
H	13. NAME COOPER / / llewells	
AT.	14. BIRTHPLACE (city or town	Name of operation Date of
~	(State or county)	What test confirmed diagnosis? Was there an autopsy?
H	15. MAIDEN NAME AND COLUMN TO THE COLUMN TO	23. If death was due to external causes (VIOLENCE) fill In also the following:
MOT	16. BIRTHPLACE (city or town) (State of country)	Accident, suicide, or homicide? Date of injury, 19
	10 - 80 Me a floor as	(Specify city or town, county and State)

CAUSE OF DEATH in plain TION is very important.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury Nature of injury

If so, speci

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- Land	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 3	July 5,1927	Perilonilis	3 days ago
BUREAU V.S.	-11 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4412
1. PLACE OF DEATH	
County Queen anne	Registration Dist. No. 250
Village or City Sudlewille	NoStWard
1,800	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrsmosds.
2. FULL NAME William W. Morga	if U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The market of the word)	21. DATE OF DEATH April Month) (Day) (Year)
5a. If marriad, widowed, or divoked HUSBAND of New Frence Mongan (or) WIFE of	22. July HEREBY CERTIFY, That I attended daceased from July 1936, to Great 7, 1937
6. DATE OF BIRTH (month, day, and year) Suly 21 1867 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	est relocat of thing organis
work wes done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Centreville (Stata or country) md.	Other Equiributory Causes of Importance: assume of Fourt, of multi- multaker & lives.
13. NAME M. M. Moreyon	
13. NAME 77 m. W. Moreyon 14. BIRTHPLACE (city or town) Queen Caroline Co- (Stata or country)	Nama of operation
15. MAIDEN NAME I demutte Hoster.	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Treen and Co- (State or country)	Accident, suicide, or homicida?Oata of injury,19
17. INFORMANT ms. nan morgan (Address) Andlesselle md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Sudlemille Mobate april 10, 1937	Manner of injury
19. UNDERTAKER John a. John 98m. (Address) millington, mil	24. Was disease or injury in eny way related to occupation of deceased?
20, FILED apr. 8, 137- James J. Knote	(Signed) (Signed) (Address) Sugarrilly high
If Nore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY	July 5, 1927	Peritonitis	3 days ago
BUREAU	and the same of th		
Other contributory causes of importance:	WI I	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Cleff Age Registration Dist. No. 250		AND CERTIFICATE OF DEATH X110
Village or City Length of residence in city if town where death occurrying J. Lyrs. Length of residence in city if town where death occurrying J. Lyrs. Length of residence in city if town where death occurrying J. Lyrs. (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS A 60100 R RACE IS. SINGE MARRIER DIVOVED. ORADIVORDO Cerric the weard ORADIVORDO Cerric the weard 15. MATCH OF BIRTH (month, 49x, and year) Advantage of the Control of the Weard A 60100 R RACE IS. SINGE MARRIER ON THE CONTROL CERTIFICATE OF DEATH 12. BIRTH (month, 49x, and year) Advantage of the Control of the Weard No. 14. Frade, profession, or particular or the Control of the Weard No. 15. I rade, profession, or particular or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard No. 16. Late of BIRTH (month, 49x, and year) Advantage or the Control of the Weard of the Control of the Control of the Weard of the	1. PLACE OF DEATH	7.50
Length of residence in city of town where death occurred by IT	County Color of Color	Registration Dist. No. 2650
Length of residence in city if town where death occurred by the control of the co	Village or City 1202 CCC	
2. FILL NAME (a) Residence: No.	150	
(a) Residence: No.	torreach R.	242
PERSONAL AND STATISTICAL PARTICULARS 3.5K 4. pplor OR RACE 5. SINGE, MARRIED, WIDOWDD, OR ANY ORCEO (write the wight) OR ANY ORCEO (write the wight) 5a. If married, widoword by divorced WUSAND of (or) WHE of 4. DATE OF BERTH (month, day, and year) 7. AGE Years Months Days If LESS than Idayhrs, or, min. To PRINCIPAL CAUSE OF DEATH and related causes of importance were a spillows: Detector of wine done, as SIK Mill. Week and on wine done, as SIK Mill. Year of wine done, as SIK Mill. Year of the deceased last worked at his occupation (State or country) What test confirmed diagnosis? Was there an autopsys What test confirmed diagnosis? Was there an autopsys What test confirmed diagnosis? What test co	2. FULL NAME OF COLUMN THE	If U.S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS 3,36% 4, pglor or race 5, Silvidge Markied, widowed by divorced 6, daylvored (curre the word) 5, Il marriad, widowed by divorced 6, DATE OF BIRTH (month, day, and year) 7, AGE Years 10, Days 11 LESS than 1 days		
21. DATE OF DEATH Months Service Servic		
Active or country of State		
59. If natived, widowed by divorced HUSBAND of Corp. WiFe of Corp. WiFe of HUSBAND of Corp. WiFe of Corp. WiFe of HUSBAND of Corp. WiFe of Corp. WiFe of HUSBAND of Corp. Months 8. Tracke Years Months Days If LESS than 1 day, hrs. or min. 8. Tracke profession, or particular Hind of work done, as SPINNER. Affect of Corp. Months of Corp	TOMORO O O ON OR DIVORCED (write	
HUSBAND of (or) WIFE of WIFE o	So 16 married widows Or diversed	(Year) (Year)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
TAGE Vears Months Days If LESS than 1 day	(d) with frame growing	April 29, 192 to April 30, 192
1 day, hrs. or, min.	6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
8. Trade, profession, or particular wind of work done, as SPINNER, SULLABORATORY or business in which work done, as in which work was done, as SILK MILL, SWATER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SWATER, BOOKKEPER, etc. 10. Date deceased last worked at spent in this occupation month and year) (State or country) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Apdress) 18. BURIAL CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED APAN 3013 7 Clippel Market and possible and poss		
8. Trade, profession, or particular Mind of work done as SPINER. 9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or lown). 13. NAME 14. BIRTHPLACE (city or town). 15. MAIDEN NAME 16. BIRTHPLACE (city or town). 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town). 19. What test confirmed diagnosis? Was there an autopsy What test confirmed diagnosis? Was there an autopsy What test confirmed diagnosis? Date of injury, 19. Where did injury occur? Specify city or town, county and State? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. FILED PORTON OF REMOVAL Signed) 19. UNDERTAKER (Address) 20. FILED PORTON OF REMOVAL Signed) 21. Signed) 22. Was disease or Injury in any way related to occupation of deceased? Signed) 24. Was disease or Injury in any way related to occupation of deceased? Signed) 25. Signed) 26. Signed) 27. (Address)		THE TRINGE OF DEATH and I black courses in importance
3. Industry or business in which work was done as Silk MILL, SAW MILL, BAKH, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) Spant in this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 21. MAIDEN NAME 22. If death was due to external causes (VIOLENCE) fill In also the following: 23. If death was due to external causes (VIOLENCE) fill In also the following: 24. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 15. BURIAL GREMATION, OR REMOVAL Place (Address) 18. BURIAL GREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Apr. 30.37—Clipably Michael Rejurnar. 21. May a disease or injury in any way related to occupation of deceased? 21. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 23. FILED Apr. 30.37—Clipably Michael Rejurnar. 24. Was disease or injury in any way related to occupation of deceased? 25. FILED Apr. 30.37—Clipably Michael Rejurnar. 26. Signed Michael Rejurnar. 27. Manner of Injury 28. Was disease or injury in any way related to occupation of deceased? 29. FILED Apr. 30.37—Clipably Michael Rejurnar. 20. FILED Apr. 30.37—Clipably Michael Rejurnar. 20. FILED Apr. 30.37—Clipably Michael Rejurnar. 21. Manner of Injury 22. Was disease or injury in any way related to occupation of deceased? 20. FILED Apr. 30.37—Clipably Michael Rejurnar. 21. Manner of Injury 22. Was disease or injury in any way related to occupation of deceased? 22. Was disease or injury in any way related to occupation of deceased? 23. Manner of Injury 24. Was disease or injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased?	8. Trade, profession, or particular	6
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 17. INFORMANT (Apdress) 18. BURIAL CREMATADN, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED Appr. 3A.37—Uijably Maller 21. Place 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of inj		egel too of fluentionia of ment
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANI (State or country) 18. BURIAL CREMATION, OR REMOVAL Place or CARTAKER (Address) 19. UNDERTAKER (Address) 20. FILED Apr. 3A.37—Ungalagement of Registrar. 11. Total time (years) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Address) 18. BURIAL CREMATION, OR REMOVAL Place or CARTAKER (Address) 20. FILED Apr. 3A.37—Ungalagement of Registrar. (Address) 21. INFORMANI (Address) 22. If death was due to external caups (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of	9. Industry or business in which work was done, as SILK MILL,	
is secupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMANION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED Apr. 30.37—Ungasharia and Registrar. Other Centributory Causes of Importance: Other Centributory Causes of Importance: Other Contributory Causes of Importance: Name of operation What test confirmed diegnosls? Was there an autopsy What test confirmed diegnosls? Other Contributory Causes of Importance: Other Contributory Other Contribut		nt.e)
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13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place (Address) 18. BURIAL CREMATION, OR REMOVAL (Address) 19. Or FILED (Address)	7001)	
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMANON, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED APA 30.437-Unyabaran lacks sisters. Name of operation Name of operation What test confirmed diagnosis? Was there an autopsy? Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify Whet edid injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? Signed Accident, suicide, or homicide? Nature of injury Nature of injury Nature of injury (Address) Was disease or injury in any way related to occupation of deceased? Signed Accident, suicide, or homicide? What test confirmed diagnosis? Was there an autopsy Was		e Sulano No as Onless
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What test confirmed diegnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	T	HAIL
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 17. UNDERTAKER (Address) 18. BURIAL CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 10. FILED Apr. 30.37-Cligabeth Lecker Registrar. 10. FILED Apr. 30.37-Cligabeth Lecker Registrar. 10. Mainer of Injury 21. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address)	14. BIRTHPLACE (city or town)	
16. BIRTHPLACE (city or town) (State of country) Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 19. UNDERTAKER (Address) 20. FILED Apr. 30.37-Clipabetta Jacks Registrar. Accident, suicide, or homicide?	17,000,17	
Where did injury occur? (Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED Apr. 30137-Clipabeth Licke Society (Address) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of Injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Address) (Address) (Address) (Address)	H 15. MAIDEN NAME	(R)
17. INFORMANT CLEEN REMOVAL (Address) 18. BURIAL CREMATION, OR REMOVAL Place of the state of		
18. BURIAL CREMATION, OR REMOVAL Place A Wall Date May 2, 19. 57 19. UNDERTAKER (Address) 20. FILED Apr. 30:37-Cligabeth Licke soft Registrar. Nature of injury 19. Was disease or injury in any way related to occupation of deceased? 18. Stephen Apr. 30:37-Cligabeth Licke soft Registrar. (Address) (Address) (Address)	- 1 (State or County)	(Specify city or town, county and State)
18. BURIAL CREMATION, OR REMOVAL Place During Mid Date May 2, 19. 37 Nature of Injury. 19. UNDERTAKER Surface Mid Signed Manner of Injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? If so, specify Signed Middless		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Jovely Md Date May 2, 19.87 Nature of injury 19. UNDERTAKER A J. Rawkfuy 2 24. Was disease or injury in any way related to occupation of deceased? 2 24. Was disease or injury in any way related to occupation of deceased? 3 25. FILED Apr. 30,37-Clizabeth Lickers Signed 1 (Address) 20. FILED Apr. 30,37-Clizabeth Lickers (Address) 20. Address (Address)		
19. UNDERTAKER A A Rawkfuefo 24. Was disease or injury in any way related to occupation of deceased? 20. FILED Apr. 30.37-Elizabeth lickers (Address) (Addre	Place I Aprilled Med pate May 2	
20. FILED Apr. 30.37-Elizaberh Vickerson (Address) 15 so, specify If so, specify the strength of the second of th	PUP L	
20. FILED Apr. 30.37- Clizabert Vickerson (Address Clillely Will be &	The state of the s	
20. FILEDUM : Uta /- Cural form (ucherson (Address Clicketh Well Red	(Address) Religions	1. I Markon & Well
The case of the ca	20. FILEOUPS. SOS/-Clizaberh/6	ichtron solling Hell be
	1100000	

7. S. No.

PHYSICIANS should state

stated EXACTLY.

JARGIN RESERVED FOUNFADING INK—THIS IS

AGE should be

mation should be carefully supplied.

B.—WRITE PC

FOR BINDING

A PERMANENT RECORD. Every item of infor-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1937	1915	Attack of epilepsy	1 week ago.
Chronic interstitial nephritis MA	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MUKE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		METORIC STRUMBERS AND ENGINEERS	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE V. S. No. 1

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH
SIMIL		MINICILL	MIND	CLIVIII	CALL		DEATH

1. PLACE OF DEATH	940
County Lucen Conne	Registration Dist. No. 252
Village or City Ceretreville	No. St., War
7	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca In city or town where daath occurradyrs,	mos. ds. How long in U.S. If of foraign birth? yrs. mos. d
2. FULL NAME Deufamen Harvey	If U. S. Veteran, specify WAR
(a) Residence: No. Marthenat, Med	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Strate S. STNGLE, MARRIED, WIDOV OR DIVORCED (write the wardowed)	
a. If married, widowad, or dispreed HUSBANO of	
(or) WIFE of Vergenia Done Sof	22. I HEREBY CERTIFY, That I attended deceased from 17- 1977, to Septral 20- 1937
. DATE OF BIRTH (month, day, and year)	54 I lest sew h in elive on Afric 20, 1937; death is sa
. AGE Years Months Days If LESS	
8 2 9 27 1 day,	1 10 I KINGII AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, atc. The will	In augura Pectorio
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
TR Date descend last worked at	
this occupation (month and 1930 spant in this 5 occupation —	593
K. L.	Other Contributory Causes of Importence:
(State or country)	
13. NAME 14. BIRTHPLACE (city or town) Control of the control of	
(State or country)	Neme of operation Data of
(State of country)	What tast confirmed diegnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME hacke Harvey	23. If daeth wes due to externel ceuses (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Phoche Haroer 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
(Stata or country)	Whare did injury occur? (Specify city or town, county and State)
(7. INFORMANT Aug and Chrocke, Vin	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Delles Oate agree 13,	Neture of Injury
19. UNDERTAKER Bacton Bire	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Ourheville, Med	If so, specify
20. FILEO apr 22, 1937 Mamie S. Brigh	f. (Signad) Outry Fisher M. (Address) Outroll hot
	Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

should state IS A PERMANENT RECORD. Every item of Anforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. See instructions on back of certificate. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. B.

19. UNDERTAKER

(Addrass)

ARGIN RESERVED FOR BINDING

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4415
1. PLACE OF DEATH	
County Queen anne	92°a)
	Registration Dist. No. 252
Village or City & entreviere (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where deeth occurred	ds. How long In U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Rabert H. Thomas	If U. S. Veteran, specify WAR
(a) Residence: No. Centremes, mo (Usual place of abode)	St.,Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write tha word) Luchite 1. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write tha word) Luckeyed	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Aurice Tharper Thomas.	I HEREBY CERT IN, That I attended dacaasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs.	ast saw h
8 Trade profession or particular	were as follows: Oate otonset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate decaased last worked at this occupation (month end 11. Total tima (years) spent in this	dring of the hear
12. BfRTHPLACE (city or town) 2 G · Co (State or country)	Other Contributory Causes of Importence;
13. NAME Thesdeer Thomas 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Donat Kusue	23. If death was due to extarnal causes (VIOLENCE) fill in elso tha following:
16. BIRTHPLACE (city or town)(State or country)	Accident, sulcida, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT G: traveig Thomas (Address) Courtrevice, Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Coentrurele Date Copy 3 , 1937	Menner of Injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Local Registrer.

If so, specify

(Signed)

24. Was disease or injury In any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1007	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
L. Company				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

RESERVED DEATH plnods OF AUSE MOL

17. INFORMANT (Address) 18. BURIAL, CREMAT

19. UNDERTAKER (Address)

24. Wes disease or injury in any way related to occupation of deceased? If so, specify

Nature of injury_____

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be roturned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	MAY 4 1027	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state PEAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be

See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

of OCCUPA-Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH					20		
Cou	nty_bines	in ans	•		Registration Dist. No.	23	
	age or City			(II	No. St. 6 death occurred in a hospital or institution, give its NAME instead of street	and number)	
			death occurred	_Q_yrsmos	ds. How long In U.S. if of foraign birth?yrs	mosds.	
2. FUL	L NAME	mary	addie ?	White	If U. S. Veteran, specify WAR	••••	
(a)	Residence: No				St., Ward.	10	
DE	DECNAL AN	ID STATIST	(Usual place		MEDICAL CERTIFICATE OF DEAT		
3. SEX	1	OR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH		
7		C		D (write the word)	April 12 (Month) (Day)	, 193_ 7 (Year)	
5e. If marrie HUSBA (or) W			in Ws	lite	22. HEREBY CERTIFY, That etter	nded deceesed from	
		7	40 00-		, 19, to	, 19	
6. DATE OF	BIRTH (month, da	y, end year)	nay 6t	3		; death is said	
7. AGE	Years	Months	Days	If LESS than I day,hrs.	to have occurred on the data steted above, at 5:00 P.m.		
	62	111		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset	
8. Tra	de, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER	House	Keeper	Tubacalinis a Trans	1934	
4 9, Indi	ustry or business i work was done, as SAW MILL, BANK,	n which			A		
	a daceesed last wo this occupation (mo year)	orked et onth end	spe	ime (years) nt in this upation			
	LACE (city or town		Pond In	<u> </u>	Other Contributory Causes of importance:	Judden	
(Sta	te or country)		naryla	ed,	Som June		
13. NA	ME Jo	m De	avis				
H 14. BIR	THPLACE (city or t	own)			Name of operation Date	of	
IL.	(State or country)	Que	eenam	æ	What test confirmed diagnosis? Was there	en eulopsy?	
15. MA	IDEN NAME	Irene	Ihon	nas .	23. If death was due to externel ceuses (VIOLENCE) fill in also the follow	owing:	
	THPLACE (city or t	own)			Accident, suicide, or homicide? Date of Injury		
and the same of th	(State or country)		maryl	and	Where did injury occur?		
17. INFORM	ANT Charless) 24	eles :	Jeate.	/ 0. 1	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLI	I State) C PLACE.	
	CREMATION, OR	REMOVAL	~ M. W.	V (F, 1	Manner of injury		
Plac	my pl	cent	Date Page	1, 15, 1937			
19. UNDERT		- A Jul	in & Se	- Jest	24. Was disease or injury in eny way related to occupation of deceased		
20. FILED	dress) (relling	Tan.	Mark C	(Signed) Manual Paris	M, D,	
ZU, FILED	1	15.4.	- F-JM	Registrar.	(Address) Mulfunden he	V	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

mation should be carefully supplied.

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAN 3 1937	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		▼		

V. S. No. 1 B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 4418
1. PLACE OF DEATH	(00)
County Juleu auce	Registration Dist. No. 254
Village or City Queenstance	No. Coutside) St., Ward
7 6/	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsds.
1 11111	oon.
2. FOLL NAME CHANGE	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORDED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Wilkerson	22. I HEREBY CERTIFY, Mat I Mended deceased from Marcle 30 1932 to Charles 1937
6. DATE OF BIRTH (month, day, and year) ? ? 1872	I last saw him alive on aprill, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stayed above, at 7.45m.
6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Date of the land	anterior reterasio 1932
kind of work done, as SPINNER, Pelarus Jarus laws SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at Approximately this occupation (month and business) along the second in this second in the seco	William 1932
Work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and from spant in this occupation 40 year)	
year) occupation 40.47	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Marydu	
(State or country), Mary Sauce	
13. NAME (State of country)	
14. BIRTHPLACE (city or town) Mars Laud	Name of operation
15. MAIDEN NAME Caroline?	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town) (State or country) Mary Roud	Where did injury occur?
17. INFORMANT Ourse Jest (Address) Julius taux	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Datalone Co Date	Nature of Injury
19. UNDERTAKER M. G. E. Edding (Address) Centreville M	24. Was disease or injury In any way related to occupation of deceased?
20, FILE RAT. 9 , 1937 - Helen M. aldin	(Signed) January / Such M.D.
Registrar.	(Address) Selluslawer.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
_							

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BUREAU V. S.			
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